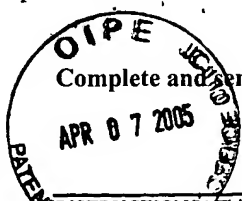


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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08933 7590 01/11/2005

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Elizabeth Orleman (Depositor's name)
Elizabeth Orleman (Signature)
4/7/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/802,070	03/15/2004	Thomas Charles Gilbert	D0932-00230DIV	3778

TITLE OF INVENTION: STAGGERED LOOK SHAKE SIDING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/11/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
THISSELL, JENNIFER I	3635	052-555000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Duane Morris LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CERTAINTTEED CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

VALLEY FORGE, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Joseph A. Powers

Date

4/7/05

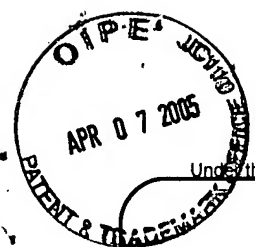
Typed or printed name

Joseph A. Powers

Registration No. 47,006

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/802,070
Filing Date	03/15/2004
First Named Inventor	Thomas C. Gilbert et al.
Art Unit	3635
Examiner Name	Jennifer I. Thissell
Attorney Docket Number	D0932-00230DIV

Total Number of Pages in This Submission

3

ENCLOSURES (Check all that apply)

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| <input checked="" type="checkbox"/> Fee(s) Transmittal Form (in duplicate)
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<input type="checkbox"/> Amendment/Reply
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<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph A. Powers, Reg. No. 47,006 Duane Morris LLP, Customer Number 08933
Signature	<i>Joseph A. Powers</i>
Date	4/7/05

CERTIFICATE UNDER 37 CFR 1.10

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Typed or printed name	Elizabeth Orleman
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Signature

Elizabeth Orleman

Date

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